

OFFICIAL FILE
ILLINOIS COMMERCE COMMISSION

FORMAL COMPLAINT

Illinois Commerce Commission
527 E. Capitol Avenue
Springfield, Illinois 62701

For Commission Use Only:

Case: OS 0290

ORIGINAL

Regarding a complaint by (Person making the complaint):

DEAN SILVER

Against (Utility name):

NI-COR

As to (Reason for complaint)

SEE ATTACHED - STATEMENT # 1

in HOMER GUEN Illinois.

TO THE ILLINOIS COMMERCE COMMISSION, SPRINGFIELD, ILLINOIS:

My mailing address is

16801 BRENTWOOD COURT HOMER GUEN IL 60491

The service address that I am complaining about is

21305 TOWER AVE. MATESON IL 60443

My home telephone is

[708] 301-5079

Between 8:30 A.M. and 5:00 P.M. weekdays, I can be reached at

[708] 560-3910

(Full name of utility company) NI-COR

(respondent) is a public utility and is subject to the provisions of the Illinois Public Utilities Act.

In the space below, list the specific section of the law, Commission rule(s), or utility tariffs that you think is involved with your complaint.

SEE ATTACHED - STATEMENT # 2

Have you contacted the Consumer Services Division of the Illinois Commerce Commission about your complaint?

☒ Yes ☐ No

Has your complaint filed with that office been closed?

☒ Yes ☐ No

Please state your complaint briefly. Number each of the paragraphs. Please include time period and dollar amounts involved with your complaint. Use an extra sheet of paper if needed.

SEE ATTACHED - STATEMENT # 3

Please clearly state what you want the Commission to do in this case:

SEE ATTACHED - STATEMENT # 4

Date: _____
(Month, day, year)

Complainant's Signature _____

If an attorney will represent you, please give the attorney's name, address, and telephone number.

You need to file the original with the Commission. Also, provide one copy for each utility complained about (referred to as respondents).

VERIFICATION

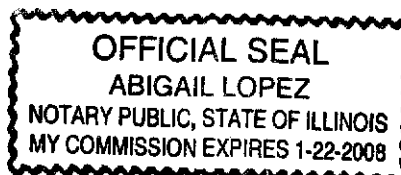
A notary public must witness the completion of this part of the form.

I, Dean Suwa, first being duly sworn, say that I have read the above petition and know what it says.
The contents of this petition are true to the best of my knowledge.

(Signature) _____

Subscribed and sworn/affirmed to before me on (month, day, year) 4/27/05.

Abigail Lopez
Notary Public, Illinois



NOTE: Failure to answer all of the questions on this form may result in this form being returned without processing. If you have questions, please call the counselor in the Consumer Services Division that handled your informal complaint.